



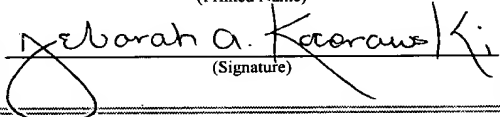
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AF# ZW

Atty. Dkt. No. 039386-2282 (formerly 043739-0141)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Policky et al.
Title: HUMAN CYSTEINYL
LEUKOTRIENE RECEPTORS
Application No.: 09/980,049
Filing Date: 11/28/2001
Examiner: Ulm, John D.
Art Unit: 1649

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 625659740 US (Express Mail Label Number)	February 21, 2006 (Date of Deposit)
Deborah A. Kocorowski (Printed Name)	
 (Signature)	

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

The Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated September 22, 2005, and in the Advisory Action dated January 27, 2006, finally rejecting Claims 1-7, 9, 11, 16, 17, 19, 22, 26, and 57-61.

☒ [X] The Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

☒ [X] Notice of Appeal Fee

☒ [X] To be paid as detailed below

02/23/2006 MAHMED1 00000016 09980049

01 FC:1401 500.00 OP
02 FC:1252 450.00 OP

~~02/23/2006 MAHMED1 00000015 190741 09980049~~

~~01 FC:1401 500.00 DA~~

~~02/23/2006 MAHMED1 00000015 190741 09980049~~

~~02 FC:1252 450.00 DA~~

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$450.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$950.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$950.00

A credit card payment form in the amount of \$950.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date

February 11, 2006

By

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